TWENTY-SEVENTH

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1925.



GUERNESEY:

IMPRIME PAR LA SOCIÉTÉ DITE "THE GUERNSEY 'STAR' AND 'GAZETTE' COMPANY, LIMITED."

BUREAU DE LA GAZETTE OFFICIELLE, RUE DU BORDAGE.

1926.

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APPENDICE.

No. II.

RAPPORT

DE

MONSIEUR L'OFFICIER DE LA SANTÉ PUBLIQUE, 1925.

XIX -1926



RAPPORT DE MONSIEUR L'OFFICIER DE LA SANTÉ PUBLIQUE, 1925.

States Office, Guernsey, August 28th, 1926.

SIR,

I have the honour to forward herewith the Annual Report of the Medical Officer of Health for the year 1925, with the request that it may be printed as an Appendix to a Billet d'Etat, and that a number of copies (say 100) be struck off for distribution in the usual way.

I have the honour to be, Sir,
Your obedient Servant,

G. E. KINNERSLY,
President, States Sanitary Committee.

169. 1. A.

Sir Havilland W. de Sausmarez, Bailiff, and President of the States of Guernsey.

GUERNSEY.

Guernsey, the most western of the Channel Islands, lies in the Bay of Avranches, 82 miles from Weymouth, the nearest English port, 40 from Cherbourg, and 63 from St. Malo.

It is triangular in shape, with an area of 24.5 square miles and an acreage of 15,654. The soil, composed of disintegrated granite and schist, is very fertile. Enormous quantities of tomatoes, grapes and other fruit, vegetables and flowers are grown, chiefly under glass, for export.

This industry is the chief one, but in addition, large quantities of granite for road-making are exported. The rearing, for sale in England and the United States, of the far-famed Guernsey cattle (including those from Alderney and Sark) is an important industry. These cattle are highly prized, not only for the richness of their milk, but above all for their freedom from Tuberculosis. There are two harbours, situated at St. Peter-Port and St. Sampson's, the two towns of the island.

The population at the census of 1911 was 41,854, and in 1921 it was stated to be 37,914 with 1,098 visitors.

Guernsey is a health resort throughout the year, but particularly so in the summer and autumn months. Not only are its natural beauties so great, but its salubrious yet bracing climate is highly attractive. It is cooler in summer and warmer in winter than on the mainland.

Drainage is good and modern in the towns. The water supply, now the property of the Government of the island, is of exceptional purity and derived from deep wells, but additional sources of supply from streams have lately been obtained.

Guernsey enjoys Home Rule. With Alderney and Sark it forms a Bailiwick and is governed by a Lieutenant-Governor. The Bailiff is the chief Civil Official.

1925—Population—Males	1 8,185
Females	20,395
•	
	38,580

APPENDICE.

	No.
Houses—Inhabited	8,491
Buildings—Uninhabited	682
States Houses, built since 1921	72
Families Accommodated	85
Houses voted for Construction	46
Density of Population, per acre	2.4
,, ,, per square mile	1,559
Average Number of Inhabitants per house	4.4
Birth Rate per 1,000	19.9
Death Rate per 1,000 (crude)	13.5
,, ,, (corrected)	10.7
Infantile Death Rate	74.0
Rainfall average	
,, ,, 1921,	
$,, \qquad ,, \qquad 1922.\ldots36.2 \qquad ,,$	
$,, \qquad ,, \qquad 1923\ldots\ldots 42.7 \qquad ,,$	
$,, \qquad ,, \qquad 1924\ldots\ldots 33.5 \qquad ,,$	
$,, \qquad ,, \qquad 1925.\ldots\ldots 41.33 \qquad ,,$	
(In parts of the Island the rainfall is only 70 per cent. of	4ha a
Mean Relative Humidity	85
Mean Average Temperature	
Mean Daily Range	51.1
Average yearly hours of sunshine, 1903-1924	8.7
1000	1,901.3
,, ,, ,, ,, ,, 1925	1998.6
EXPORTS.	
. 1924	1925
Tomatoes	22,150 tons.
Flowers 2,059 ,,	2,467 ,,
Grapes (in Cases & Baskets) 1,599 ,,	1,578 .,
Vegetables (including Potatoes) 4,197 ,,	3,257 ,,
Granite 259,978 ,,	289,964 ,,

TWENTY-SEVENTH ANNUAL REPORT

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For the year 1925.

POPULATION.

The natural increase of births over deaths during the year was 236. Although I believe it is an under-estimate I have reckoned the population at the middle of the year as being 38,580, an increase during the four years since the last census was taken of 666 persons only. Of this number males might number 18,185 and females 20,395.

In Guernsey fortunately we are to a great extent exempted from "the two most active causes of degeneration—poverty and excessive wealth."

Table I.

	Estimated	BIR per 1	THS ,000.				DEATHS under 1 year of Age.		
YEAR.	population to middle of each year.	Number	Rate.	Number	Crude Rate.	Standard- ised Rate.	Number.	Rate per 1,000 Births	
1915	41,000	784	19.1	609	14.8		113	144.0	
1916		698	17.0	536	13.0		62	88.9	
1917	1	694	17.7	554	14.2		57	82.0	
1918		664	17.2	603	15.6		49	73.8	
1919		659	16.6	578	14.6	1	64	98.6	
1920	37,914	893	23.5	507	12.6		74	82.8	
1921	37,914	768	20.0	502	13.2		60	78.0	
1922	38,200	810	21.2	537	14.0		76	90.0	
1923	38,200	764	20.8	551	13:3		58	73:0	
1924	38,400	753	19.8	466	12.1	9 6	40	53.1	
Averages for ten years, 1915-1924.	38,972	748	19.3	544	13.7	_	65	86.4	
1925	38,580	758	19.9	522	13.5	10.7	56	74	

Table II.
ENGLISH, GUERNSEY, AND FRENCH STATISTICS 1925.

				Birth Rat		Death Ra 1,000 (cr	ite 1	aths under year per 200 births.
England and	Wales			18.3		12.2		75
105 County B	oroughs &	k great to	wns in-					
cluding Lo	ndon			18.8		12.2		79
158 Smaller 7	Towns			18.3		11.2		74
London				18.0		11.7		67
Guernsey				19.9		13.5		74
Guernsey				(S	tandar	dised 1	0.7).	
France				19.6		18.1		89

BIRTHS.

The births numbered 758—males 385 and females 373—equal to a rate of 19.9 per 1,000. The average for the previous ten years was practically the same, but for the ten years ending 1905, 27.1. The number of still births registered was 43, and illegitimate 39 only, percentages to the total of 5.7 and 5.1 respectively.

XIX.-1926.

The figures given for illegitimate births are untrustworthy. I have given the totals as I have received them from the Greffe Office, but in my register of births under the Early Notification of Births Ordinance, only 31 such births are recorded. Both figures I am sure fall short of the actual number of such births. It may be that the recent alteration of the Law will ensure more accurate registration in the future, as it prescribed severe penalties for false registration. In several instances I have brought to the notice of the informants that false statements have been made as regards notification of births, and these have been corrected, yet the same false statements have been made to the Registrar, and in one instance at least without correction.

DEATHS.

There were 522 deaths registered during the year, nine of which were those of persons not resident here. Both sexes shewed an equal number. As no particulars of the deaths of Guernsey residents which occurred outside the Island were received as had formerly been the case, these deaths have not been deducted from the total number. The crude death rate was 13.5, and the standardised rate 10.7. This is about the same as the average of the preceding ten years:— the average of the ten years 1905-1915, was 14.8. For the ten previous years ending 1905 it was 16.4.

Our death rate in 1925 was higher than that of the previous year, which was an unusually favourable one, as a reference to the next table will show. There was a considerable rise in the infantile death rate and up to the 25 year age period, the deaths from respiratory diseases were also higher.

PERCENTAGE OF DEATHS AT DIFFERENT AGE PERIODS.

	Under 1 year.	Years. 1—5.	Years 5—15.	Years 15—25.	Under 25 years.	Years 25—65.	Over 65 yrs.
1900-1904	24.0	. 9.0	. 4.0	5.0	42.0 .	27.0	. 31.0
1905-1909	22.3	. 8.0	. 3.0	4.6	38.0 .	28.0	. 34.0
1910-1914	20.2	. 7.2	. 3.3	3.8	34.5 .	27.8	. 37.7
1915-1919	12.5	. 5.1	. 3.6	4.9	\dots 26.2 .	33.1	. 40.7
1920-1924	11.5	3.6	. 3.7	5.5	$\dots 24.4$	30.4	. 45.3
1924	8.6	. 3.2	. 1.7	5.0	18.5 .	32.3	. 50.2
1925	10.7	. 4.2	. 2.8	4.8 .	$\dots 22.5$	29.9	. 47.7

There were 104 deaths between the years of 70 and 80; 93 between 80 and 90, and 13 over 90 years, percentages to the total deaths of 20, 17.8 and 2.5 respectively. There would be little cause for congratulation in these figures of increased longevity if man's intellectual powers had not kept pace with his physical ones, but the experiences of recent years have shown us that the world's destinies are chiefly controlled by men about the sixties in years.

XIX.-1926.

Deaths in public institutions were as follows:---

Town Hospital		 	38
Town Asylum	• • • •	 	2
Castel Hospital		 	48
Castel Asylum		 	2
Victoria Hospital		 	18
King Edward Sanat	orium	 	10

During the six months April to September, the number of deaths was 234, and during the remaining six months 288.

The most important causes of death compare with those of previous years as follows:—

	Average Ye	1924	1925.
Measles		1	 4
Whooping Cough	5.2	 _	 2
Epidemic Enteritis	10.9	 1	 1
Diphtheria	4.2	 3	 10
Senile Decay	69.9	 68	 92
Cancer	40.9	 47	 48
Broncho Pneumonia	8.2	 5	 9
Pneumonia	18.8	 13	 13
Bronchitis	23.7	 18	 28
Heart Disease	63.9	 54	 57
Apoplexy	31.3	 37	 32
Phthisis	38.0	 27	 35
Tuberculosis (other)	11.6	 7	 9
Influenza	11.8	 22	 12

There were 28 inquests held during the year.

INFANTILE MORTALITY.

The number of children who died under the age of 1 year was 56, a rate of 74 per 1,000 births. This is higher than it was in 1924, when the very low rate of 53 was recorded, but compares favourably with the average of the preceding ten years—86.4. For the ten years ending 1905 it was 142.4. No deaths from Epidemic Enteritis or Measles occurred. The deaths under one month were 19, or 34 per cent. of the total. In the parish of St. Peter Port the rate was 69, in St. Sampson's 45, in the Vale 87, and in the remaining seven parishes 77.

XIX.-1926.

Table III.

CAUSES OF DEATH OF CHILDREN UNDER 1 YEAR OF AGE.

Cause of Death.	Under 1 week.		ween weeks 2-3. 3-4.	Total un	nder h. 1-3.	Month	s 6-9.	9 -1 2.	Ttl.
Epidemic.					1				1
Whooping Cough	– .	. – .				. 1		. –	1
Infancy.									
Congenital Malfor					or of the second				
mation		. – .			2 .	. –		. –	2
Convulsions	1	. 1 .		$ \mid 2$] 1 .	. 1	1	1	6
Debility at Birth	. 2 .	. 1 .		3	3 .	. –			6
Premature Birth	7	. – .	. 2	9		. 2		· - ,	11
Marasmus at Birtl	n 1.	. – .	2	3	6 .	. 3	1	<u> </u>	13
Alimentary.				į					
Gastro Enteritis	–	. – .			– .	. –		1	1
Enteritis		. – .			1 .	. 1			2
Respiratory.									
Bronchitis	–	1.		1		. 2	2	1	6
Pneumonia				-			1		1
Broncho Pneumon	ia –		. – –	-	1	1	2	1	5
Violence.									
Burns	–	. – .		-		. –	1		1
Suffocation				1		. –			1
Totals	12	3	2 2	19	14	11	8	4	56

MATERNAL MORTALITY.

For some years past the question of a Midwives Act for Guernsey has received consideration, but it is obviously a difficult matter for such a small and detached community as is ours to deal with. The late Sir Gerald Giffard went fully into these difficulties, but his untimely death has prevented his solution of them being made effective. The financial difficulties as regards the proper training and qualification of suitable women, and subsequently of their earning a living, as well as their relation to the Licensing Authority, have to be first settled. It is useless for example, to lay down explicit directions as to the circumstances under which a midwife is compelled to seek the aid of a doctor if no arrangements be made for the payment of the fees of the doctor, as is the case in England.

In Guernsey as the old handy women retire or die off, they do not seem to be replaced, and as a result the qualified midwife every year attends a larger proportion of cases. I believe that medical men are also much more frequently in attendance upon such cases than is so in England. Again, every year more births take place in Nursing Homes. The Lady Ozanne Maternity Home now

XIX.—1926. B

provides not only for ordinary cases but also for those of unusual danger or difficulty, a fact which is becoming fully realised by both the public and doctors.

Our statistics of maternal mortality, however, fortunately compare very favourably with those of England and Wales. Even in New Zealand with its otherwise favourable statistics, its absence of poverty and slums, the mortality remains practically constant at 5 per 1,000 births: In England and Wales for the last 20 years it has kept about 4 per 1,000 births. These figures are very unsatisfactory ones.

Statistics for the past three years are as follows:—

DEATHS PER 1,000 CHILDREN BORN.

	1923.	1924.	1925.
England and Wales	4.08	3.9	3.8
Wales	5.4	5.14	4.97
Guernsey	1.26	1.3	1.3

In Guernsey none of the deaths (and there was only one each year) were due to any septic complication, but all were due to haemorrhage.

MARRIAGES.

There were 295 marriages during the year, equal to a rate of 15.0 per 1,000. During the previous two years the numbers were 325 and 316, but 1925 compares almost exactly with the average of the five years 1918-22, 296.

There were 178 marriages in Church of England, 33 in Nonconformist, and 35 in Roman Catholic Churches; 49 took place at the Greffe Office.

Our marriage rate is much the same as that of England and Wales but is lower than that of France—18.0; but in the latter country there were 2 divorces for every 35 marriages in 1925.

Table IV.

RETURN OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR 1925.

BIRTHS

			BIRT	HS.					
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Fig. 1. Since the second secon				Torteval.				Total 385 373
Totals346 111	95	58	16	23	4	15	63	27	758
STILL	BIRT	CHS (I	Tales,	20 ; F	'EMALES	s, 23)—	43.		
18 6			—		. 1.			. —	43
n	LLEG	ITIMA	ATE B	IRTHS	, 31.				
14 1				1 .		. 1	2 .	. –	31
			DEAT						01
PARISH LETTER:	A	B		D = E	F	G	H .	I K	Ttl.
General Diseases.				2 2	•	<u> </u>			1 621
Diabetes	2 .	. –		1		. –		$2 \ldots -$. 5
Rheumatism		. –				. –	·		. 1
Pernicious Anæmia						. –			. 2
Myxoedema Luchæmia						. –		 1	. 1
Lymphademona		. – . –				. <i>–</i>			. 1
Lymphacemona	- •	• • • •	••	••	••		••	•••	•
Epidemic.									
Diphtheria		. –	5			. –		2 1 .	
Whooping Cough		. –						- .	. 2
Measles						. –			. 4
Enteritis						. –	$\frac{-}{2}$	- .	$\begin{array}{ccc} \cdot & 1 \\ \cdot & 12 \end{array}$
IIIIuuliaa	0.	• • • • •		••	••	• - • •	2	<i>2</i> .	. 12
Infancy.									
Congenital Malformation		. –				. –		1	. 3
Convulsions		. –			1 .	. –			. 8
Debility at Birth						. –		$3 \dots - \dots$. 6
Premature			1	1 4	1 .			1 1 . 1 – .	. 11 . 17
maiasmus	 	. 1	<u> </u>				 	·	
Carried forward	46	2	10	5 2	2	1	2 1	14.	. 85

Brought forward 43	2	10	5	2	2	1	2 11	4	85
	-	10		-	~	•	1	T	0.0
Old Age. Senile Decay34	18	13 .	. 9	3	3	1	2 7	2	92
Alimentary.									
Gastric Ulcer 1			. 1	. –			1		3
Appendicitis 1									3
Strangulated Hernia 2									2
Intestinal Obstruction 4 Gastro Enteritis –									5 1
Enteritis									3
Peritonitis									1
Cirrhosis of Liver 1			. –						1
Cimanilatom									
Circulatory. Heart Disease26	8	4 .	. 5	1	2	2	1 7	1	57
Atheroma 5									14
Apoplexy13									32
Angina Pectoris 2			. –					1	3
Aneurism 1			. –	-			-		1
Urinary.									
Nephritis17	7	1 .	. 5	1			2 1	1	35
Cystitis									1
Infective.	_	_	_	_					
Phthisis									35
Tubercular Peritonitis 1 ,, Meningitis 2									$\frac{4}{2}$
Tuberculosis of Joints –									3
						•	• •		, i
Respiratory.									
Bronchitis15									28
Pneumonia 7									13
Broncho-Pneumonia 3									9
Laryngitis –	- · · · · ·	– .	. –	<i>-</i>					1
Intemperance.									
Alcoholism 1			. –	–					1
Cirrhosis 1		· – .	. –						1
Carried forward	-58	50	43	10	11.	6	9 36	16	436
XIX.—1925.									
							s'	- '	

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APPENDICE.												
Brought forward 197 58 50 43 10 11 6 9 36 16	436											
Tumour. Malignant	48											
Septic.												
Septicæmia 5 1 1 1	8											
Violence.												
Suicide 1 - 1 - </td <td>2 2 3 1 3 3</td>	2 2 3 1 3 3											
Parturition. Hæmorrhage	1											
Nervous. Mania - 1 -	1 2 2 3 1 2 2											
Ill-Defined. Natural Causes	1											
Anæsthesia. Syncope	1											
Totals	522											

XIX.—1926.

XIX -1926.

Table V.

CAUSES OF, FAND AGES AT DEATH, OF DEATHS REGISTERED DURING THE YEAR 1925.

DU	RIN	\G	TH	E	YE.	AR	192	25.						
					V				LAN					
	'nder 1 yr.		1-2		2-5.		- Bet 5-15.		n — - 5-25.		5 to 6		0ver 65.	Total.
General Diseases.	1 11.		1-2		⊿ -0,		0-10.		0-20.	26	, 10 0	٠.	0.,.	Total,
Diabetes	_		_		_				_		5		_	5
Rheumatism	_						_			••				1
Pernicious Anæmia											_		1	$\overline{2}$
Myxoedema			_				_				1		_	1
Luchæmia			_		_				1				_	1
Lymphademona			_				1				_			1
Epidemic.														
Diphtheria			1		4		5		_		_			10
Whooping Cough							_		_		_		_	2
Measles							_							4
Enteritis			1				_				_		_	1
Influenza	_		_		_		_		_		7		5	12
Infancy.														
Congenital Malforma-														
tion	2		1		_		_		_		_		_	3
Convulsions			2				_		_		_		_	8
Debility at Birth	6				_		_		_		_			6
Premature	11		_		_		_		_		_			11
Marasmus	13		2		2		_		_		_		_	17
Old Age.														
Senile Decay	_				_		_		_		_		92	92
Alimentary.														
Gastric Ulcer			_		_				_		2		1	3
Appendicitis							_		2		1		_	3
Strangulated Hernia .			_						_		_		2	2
Intestinal Obstruction			_		_		_		_		1		4	5
Gastro Enteritis	1						_		_		_		_	1
Enteritis	2		1		_		_		—		—		_	3
Peronitis			—		—		—		1		—		_	1
Cirrhosis of Liver	_		—		_		—		_		1		—	1
Circulatory.														
Heart Disease	_		_		_		1		_		26		30	57
Atheroma											5		9	14
Apoplexy	_		_		_		—		—		8		24	32
Angina Pectoris	_		_		—		_		—	• •	_		3	3
Aneurism	-		_		_		_		-	• •	—		1	1
Carried forward	42		9		10		7		5		58		172	303

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n	4

APPENDICE.

	APPE	NDICE	u.				10
Brought forward42	9	10	7	5	58	172	303
Urinary. Nephritis — Cystitis —							35 1
Infective. Phthisis	–	1	<u>-</u>	1 1	2 1	— —	$egin{array}{c} 3\dot{5} \ 4 \ 3 \ 2 \end{array}$
	–	••		4	—		4
Respiratory. Bronchitis		· –	1 —	<u> </u>	5 —	6 3	28 13 9 1
Intemperancė. Alcoholism—		–	—	—	—	1	1
Cirrhosis	—	—	—	—	1	—	1
Tumour. Malignant		· –	—	1	26	21	48
Septic. Septicæmia —			1	1	6		8
Violence. Suicide. — Fall — Drowning — Burns 1 Run over — Suffocation 1		· —	— — —	2 	$\begin{array}{ccc} \dots & 2 \\ \dots & 1 \\ \dots & - \\ \dots & 2 \end{array}$	— —	2 2 3 1 3 3
Parturition. Hæmorrhage						_	1
Nervous.			••	•••			•
Mania — Dementia — Paralysis — Meningitis — Epilepsy — Tabes Dorsalis — Neuritis —	· · · ·	 	–		1 2 1 1 1 1 1	 1 2 1	1 2 2 3 1 2 2
Carried forward 56 XIX.—1926,	10) 12	14	25	155	248	520

Brought forward	56	10	12	14		25	155	248	520			
Ill-Defined. Natural Causes	— .		. —			–	- .	. 1	1			
Anæthesia. Syncope	<u> </u>	. — .	. —	1		<u> </u>	 .	. —	1			
Totals	56	10	12	15	; 	25	155	249	522			
DEATHS OVER 65 YEARS.												
Cause of Death.	65-70).	70-80		80-90		Over 9	0.	Total.			
Respiratory.												
Broncho Pneumonia .	. 1		2		_				3			
Pneumonia			3		2		_		6			
Bronchitis	. 4	• • • •	9	• • • •	7		-	• • • •	20			
Epidemic.				800 (IT)								
Influenza	. —		4		1		_		5			
Alimentary.												
Strangulated Hernia	. —		_		2		_		2			
Gastric Ulcer			1		_				1			
Intestinal Obstruction	. —		2		2				4			
Urinary.												
Nephritis	. 5		9		6		_		20			
Cystitis	. —		1				_		1			
Tumour.												
Malignant	. 4		12		4		1		21			
Nervous.												
Neuritis	. 1		_				_]			
Paralysis			1				_		1			
Tabes Dorsalis					1		_		2			
Intemperance.												
Alcoholism	. 1		_		_		_		-1			
Ill-Defined.												
Natural Causes			1						1			
General Diseases.	·		_									
	1								1			
Pernicious Anæmia	. 1	• • • •		• • • •		• • • •		• • • •	1			
Old Age.												
Senile Decay	. 3	• • • •	21	• • • •	56	• • • •	12	• • • •	92			
Carried forward	. 22		66		81		13		182			
XIX1926												

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APPENDICE.

		•							~•
Carried forward	22		66		81		13		182
Circulatory.									
Heart Disease	9		16		5				30
Angina Pectoris	1		1		. 1		-		3
Aneurism	1								1
Atheroma	2		5		2				9
Apoplexy	4.	• • • •	16	• • • •	4	• • • •		• • • •	24
	39		104		93		13		249
				of 1	.7.8 %	% :	2.5 %	•	
		the	e \mathbf{tot}_{i}	al.					

INFECTIOUS DISEASES.

There were altogether 233 cases of notifiable infectious diseases or suspected ones reported during the year of which all but 9 were treated in the King Edward Sanatorium, and one in Mont Crevelt Hospital. They were as follows:— Diphtheria 216, Cerebro Spinal Fever 1, Luchaemia 1, Scarlet Fever 1, Small Pox 1, Tuberculosis 12, and Erysipelas 1.

The daily average of patients at the Sanatorium was 22.3, and the highest number under treatment on any day 45.

DIPHTHERIA IN 1925.

	Jan.	Feb	. Ma	r. Apl	. Мау	. June	. July	. Aug.	Sept.	Oct.	Nov.	Dec.	T'l.
St. Peter-Port	.5	7	4	7	1	4	2	8	$\dots \bar{5}$.	7 .	. 10	14 .	. 74
St. Sampson's	.4	–	3	4	1	1	1	–	3	. 3 .	. 12	5.	. 37
Vale		1	1	2	4	2	1	1	. 3 .	. 6 .	. 6	5.	. 32
Castel	.3		4	–	–	–	–			. 1 .	. 1	1.	. 3
St. Saviour's		–		–	1	–	–	–	– .	. – .	. 2	2.	. 12
St. Peter's	.1	–				–	–		. 1 .		. 3	8.	. 13
Torteval	-	–				–	–	– .	. – .	. – .	. –	1.	. 1
Forest	_	–		–	–	–	–			. – .	. –	– .	. —
St. Martin's	1	8	3	6	3	–	–	– .	. – .	. 3 .	. 1	2.	. 27
St. Andrew's		4	1		1	–	1	4	. 2 .	. 3 .	. 1	- .	. 17
Totals	14	20	16	19	11	7	5	13	14	23	36	8	216

DIPHTHERIA.

For the fourth year in succession a very large number of cases of this disease were notified, viz.:—216. Of this number 206 were treated at the Sanatorium, with 7 deaths, a death rate of 3.4 per cent., and 10 at home with 3 deaths, or 33 per cent.

I have often pointed out that the excessive incidence of this disease here is due to a fatalistic attitude as regards infection, or a disbelief in its existence, the XIX —1926.

close relationships existing between families and the visiting of sick people which the etiquette of such relationship demands, in certain sections of our community. Until a new generation grows up it seems hopeless to expect that public opinion will change greatly in these matters, the influence of the older generations is so strong. Concealment of disease still occurs in certain districts, but in others it has been replaced by the desire of many parents to have their children removed to the Sanatorium when suffering from illnesses which they regard as suspicious, even if they have not been seen by a doctor. I have often been telephoned to and asked to remove children without any diagnosis being made, on the plca that the parents are willing to let them go. No doubt in many of the cases the children had been exposed to infection, but in other instances after the visit of a doctor nothing more was heard of them. treatment of the large numbers of cases of Diphtheria at the Sanatorium since it was opened has resulted not only in a great decrease in the death rate, but also an improved condition of health amongst the survivors, facts which are I believe now generally appreciated. If isolation has not lowered the attack rate of the disease in the way that had been expected, it has at any rate conferred great benefits upon individuals and thus indirectly benefitted our whole community.

Apart from the classes who hold the views I have already mentioned, the incidence of Diphtheria has been for many years low here amongst the other sections of the population. A reference to the table will show the number of cases in each parish. Although the autumn and winter months furnished as usual the larger number of cases, still the disease did not die out during the summer, July showing the least number, viz.:—5. In 31 instances either the patients themselves or members of their families had been previously attacked. In nineteen houses there were 2, in three 3, in one 4, and in one 5 cases. The schools chiefly concerned were the Vale Infant, St. Peter's, St. Martin's, and St. Andrew's. The first mentioned was the only one temporarily closed as a result.

As I have stated in previous reports, the immunization of persons, and especially children, against the disease should be started here as soon as possible, beginning with those families which are known to be specially susceptible to the disease. Such a procedure will be a difficult one and will require a great deal of tact, time and work, but such protection should certainly be offered to those persons who desire to avail themselves of it for themselves or their children. The expenditure of money for this purpose will certainly result in a smaller number of cases in the future, and a diminution in the heavy expenditure in isolation which has often been necessary in the past.

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CASES TREATED AT SANATORIUM AND AT HOME DURING 1925.

	St. Feter-Fore. St. Sampson's.	Vale.	Castel.	St. Saviour's.	St. Peter's.	Torteval.	Forest,	St. Martin's.	St. Andrew's.	Total.	
DIPHTHERIA.											
Treated at Sanatorium .6	9 37	29	12	3	13	1		26	16	206)	216
" Home	$5 \dots -$	3	–					1	1	10)	
Died at Sanatorium	1	3						2	1	\dots 7)	10
"Home	1	2	–	–	–			–		3∫	10

CASES CLASSIFIED ACCORDING TO AGE.

	U	nder						25 and	
	1	Year.	1-5	5-10	10-15	15-20	20-25	over.	Total.
Diphtheria		1	39	77 .	. 54	17	10	. 18 .	. 216

CEREBRO SPINAL MENINGITIS.

The only case during the year was in January, a lad of 18 from the Town Parish who was admitted to the Sanatorium in a moribund condition and died within 24 hours.

SCARLET FEVER.

Fortunately there were no cases in 1925, a suspicious one admitted from a country parish turning out to be one of German Measles.

ERYSIPELAS.

One severe case of this rare disease here occurred in November.

SMALL POX.

During the past 25 years there have been only two cases of Small Pox, the second in September 1925, after many years of freedom from its unwelcome presence. Both were seamen on coasting ships. The patient was an Arab fireman on a ship from Gateshead on Tyne where the disease was prevalent at the time. He had one doubtful vaccination mark and his attack was a well marked one. Beyond words used in the stoke-hold, he spoke no English. We were certainly fortunate in that the man was so ill on arrival here that he kept his bed until he was taken by the engineer to see a doctor, who diagnosed his case correctly and communicated with me. He was kept in my office until the ambulance came to remove him to Mont Crevelt Hospital, which was then occupied by the caretaker and his family. The two younger children who had been vaccinated were sent to relations, but only for the reason that their presence would have given the parents more work than was advisable. The caretaker, a States employé, his wife, and a boy of 10 years were re-vaccinated

X1X.-1926.

and totally isolated with the patient, whom they tended until he was discharged in about five weeks' time. The crew of the ship were all vaccinated, the Authorities of the port to which she was bound notified, and I subsequently heard from the Port of London Sanitary Authority that all the vaccinations were successful and no further cases had occurred. The staff of the Board and ambulance men were also vaccinated.

The Guernsey law upon vaccination fortunately has no "conscience" clause: Its preamble in terse and vigorous language states that vaccination is the only sure preventive of Small Pox, and that when the operation is properly performed it is practically free from risk, so that ours is a well vaccinated community, but long years of freedom from the disease had resulted in some laxity in its enforcement. As a result of this case the defaulters were brought to book, but treated in wise and kindly manner wherever this was possible. There is no disease more dreaded by the public than Small Pox and rightly so for it is a loathsome one, yet in no other disease is it possible to secure the absolute protection that vaccination or re-vaccination will give against it. Outbreaks of Small Pox also are very expensive; even a single case will often cause the direct expenditure of a large sum of money and an indirect loss of much greater The Board of Health have wisely made ample provision for dealing with any sudden outbreak of it here, indeed there are very few places of its size than can compare with Guernsey in this respect. This case fortunately carried but little alarm or financial loss to the community as it might have done if the public had not confiddnce in the Board of Health.

TUBERCULOSIS.

The number of deaths from this cause was 44, of which 35 were due to Pulmonary Phthisis and 9 to other forms. The rates per 1,000 were 0.9 and 0.23 respectively, a total of 1.13. This is slightly below the average of 20 years but higher than the previous year, which was only 0.88.

There were 19 male deaths with an average age at death of 31.6 years, and 25 female deaths with an average of 28.3 years. As usual the number of notifications was negligible, and the 11 patients admitted to the Sanatorium were in so advanced a stage that only four were likely to show a lasting improvement in condition. Two military pensioners were patients for 47 and 150 days respectively, and another who was sent home from Canada arrived here in so advanced a stage of disease that he only lived nine days after arrival. That a man in such a condition should have been allowed to travel for such a distance seems inexplicable.

The two great factors in reducing the incidence of Tuberculosis are good housing accommodation, and cheap food. Unfortunately as things are at present, I do not think we can expect any reduction in its incidence. Rents are often so high that the amount available for food must of necessity be insufficient to provide for the proper nourishment of many families.

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REFUSE COLLECTION.

The complaints as to the collection of refuse in the Town parish, which I mentioned in my last report, were continued during the year, indeed they may be said to have been more numerous than ever and certainly they were well founded. It seems to me that the employment of a contractor for this purpose is wrong in principle and is contrary to the usual practice in nearly all English towns. As the contract is only for a limited time, the contractor does not take the same interest in the work as if it were permanent, and it is no one's business to follow up the work of the men employed and see that it is properly done.

If the Authorities themselves undertook the work, there would be fewer changes in the men employed and thus more efficient service; proper supervision would no doubt be provided, and in addition to scavenging, cleansing would be also part of the duties of these men. At present I imagine that if a refuse bin or substitute for one is upset maliciously or otherwise, only refuse left in the bin is removed, the rest is left to putrify and foul the surroundings. Small areas scattered throughout the town which are now used as refuse tips and which seem in no one's care, are also very frequently met with. A Town staff would have to effectively remove such nuisances as these. I feel sure that if the Town Authorities did take over these duties they would provide carts of the best type; even when they are empty, the smell of the present uncovered carts is abominable. Surely the time has now arrived when it should be compulsory for every house at least in an urban area, to be provided with a covered galvanised iron refuse bin.

The refuse question has also been under consideration in other parishes during the year, but as far as I am aware no fresh areas have been dealt with. If the whole Island could be dealt with by one authority in this matter, it would be greatly to the public advantage.

DRAINAGE.

During the year the Vale drainage scheme has made good progress, but unfortunately the bungalows which have been erected in such numbers and so closely packed together on parts of L'Ancresse Common during recent years, have not been included in the scheme. Main drainage for this area is really urgently required. St. Martin's parish will I trust be the next district to be taken in hand. The Island Sanitation Committee have purchased a motor vacuum cesspool emptying tank, an excellent appliance which has been much used, but it is no substitute for the construction of a sewerage system in suitable populous districts. I think anyone who has had experience of houses connected with a main sewer, and those with other arrangements, will readily appreciate that not only from the health but from other points of view, the former is in every way to be preferred.

XIX.--1926.

WATER SUPPLY.

The States Water Board have been extending their mains and generally improving their resources during the year. The increased and practically constant supply, the purity of the water, and the absence of any unpleasant taste due to chlorination, have given great satisfaction generally.

HOUSING ACCOMMODATION.

"The foundations of national glory lie in the homes of the people."

H.M. The King.

The Homes for Workers Committee have erected 52 houses during the year.

A health resort, and one also attractive for permanent residence, such as Guernsey, is in the matter of housing at a disadvantage compared with a commercial town. In Guernsey during the past few years a large number of cottages and smaller houses have been purchased by comparatively well-to-do people who have improved them for their own occupation, thus dispossessing the former tenants. In towns this does not occur. Here there must be hundreds of houses with vacant bedrooms which were formerly occupied by domestic servants, but these girls now either so often live out or are engaged in other work. Their presence in the home, however, in many instances causes much difficulty and overcrowding. There is unfortunately no sign of any lessened tension in housing difficulties locally in spite of all the Committee have accomplished. People are still living under the most deplorable conditions in which good health and ordinary decency seem almost impossible, but that so many people in spite of them do achieve the almost impossible, is to my mind one of the most forcible arguments for the maximum of immediate effort instead of tending to spread the provision of the necessary houses over a considerable period. It is not possible for people to live so close to the breaking strain indefinitely without finally giving up hope and losing their self respect, and the present conditions are particularly prejudicial to children and adolescents.

SCHOOL MEDICAL INSPECTION.

There was but little time available during the year for any medical inspection of schools, except visits paid on account of the prevalence of infectious diseases and special visits paid at the request of teachers. A large number of children were examined at the Laboratory for various reasons, and in many instances the invaluable help of the Inspector of the N.S.P.C.C. was sought in connection with them. It should also be mentioned that the Society have been instrumental in securing treatment for a considerable number of crippled children and adolescents; several were treated in the island, but the majority were sent to Orthopaedic hospitals in England, and the results of treatment have been in most cases very striking. The great improvement was not only a bodily one, but it was found that the removal of deformities was also accom-

XIX.--1926.

panied by a corresponding mental improvement. The Society was often successful in obtaining the consent of the parents to operations being performed, when the efforts of local teachers and others had previously been unsuccessful. There are at present somewhere about 5,000 children attending schools in Guernsey. For this number to secure a systematic medical inspection, the services of a whole-time assistant Medical Officer are necessary. There is also ample work for two school nurses who would in addition to attending primary schools follow up children in their homes and instruct the parents generally as to the care of their children. Fortunately there is a great improvement of recent years in the cleanliness of children generally, but still further improvement would be welcome. Instinct does not teach a mother how to cure a really dirty head and it is a difficult matter often to do so; she requires to be shown how to act and encouraged to persevere often for a long period until a cure is effected. A great amount of ill health both in adults and children is caused by disease of the teeth, and the poorer classes are very badly off when they require treatment for dental disease. There seems every reason why parish dentists as well as parish doctors should be appointed, but I do not think any such appointments have yet been made. I am not minimising the great importance of dental examination and treatment of primary school children when I say that ordinary medical inspection and treatment must precede it. It is of greater importance, but the two questions are so closely allied that they cannot be considered separately. Medical treatment is, however, more easily available, as the number of children requiring dental treatment is so large and efficient treatment for all would require so much time that there would not be sufficient dentists at present to carry out the necessary work.

LABORATORY.

508 specimens of various kinds were examined during the year in the States Laboratory. Seventeen samples of milk were analysed, and in only one instance was any adulteration found. The offender was produced before the Police Court and convicted.

THALASSOL.

During the year, 10,700 gallons of this disinfectant were manufactured. In 1924 the quantity was 8,020 gallons.

SANITARY INSPECTION AND DISINFECTION.

The number of houses visited and re-visited was 311, and any defects found upon examination were made good. 278 houses and 6,014 various articles were disinfected.

In February the Old Age Pensions Scheme was adopted by the States, and the Royal Court were asked to prepare a Projet de Loi to give effect to this decision. The law did not, however, come into effect during the year.

XIX .-- 1926.

In January, the States Compulsory Insurance against Accidents came into operation. It provided insurance against accidents to workers whose income did not exceed £3 a week, and as the workers were insured against accidents of all kinds whether at work or not, it has proved a very valuable measure. "There is, unfortunately, no law here providing for the protection of people working amongst machinery. In England the Factory and Workshops Acts deal fully with the matter. It is more humane and rational to protect workmen from avoidable accidents than to provide compensation for them or for their families after accidents." (Report for 1911).

In the autumn an important meeting of the Imperial Social Hygiene Congress was held at Wembley, at which representatives of practically every dominion and colony were present. The States did me the honour of appointing me as their representative at the Congress and I subsequently submitted a report of its proceedings to them.

During the past year the States have taken over from the various parishes the financial responsibility of the entire administration of the Poor Law. They had previously taken the same action with regard to Primary Education. The Intermediate Schools and the Sanitary Committee had from their inception been financed by the States.

With the recent largely increased responsibilities it would seem that others must inevitably be added to them in the future for the benefit of the whole island. I refer to such questions as the medical inspection and treatment of school children, Infant Welfare and Ante-Natal Schemes.

HY. DRAPER BISHOP, States Medical Officer of Health.